PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

03500.017689

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			18		D		RAT	F	FEE	7 7	RATE	FEE	
FOR			(0		NUMBER EXTRA		BASIC			1	BASIC FEE	770.00	
			NUMBER FILED				BASIC		363.00	OR	DASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			/ minus 20=		* Ø		X\$ 9	}=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =				X43	=		OR	X86=	86	
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					5=		OR	+290=		
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	olumn 2	TOT	٩L		OR	TOTAL	856	
CLAIMS AS AMENDED - PART II										•	OTHER THAN		
		(Column 1)	(Colum			(Column 3)	SMA	SMALL ENTITY		OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=	X43	=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145	=		OR	+290=		
								TAL EE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)										•	ADDII. 1 CC		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER OUSLY	PRESENT EXTRA	RATI	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT B	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=	X43:			OR	X86=		
4	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		<u> </u>						
							+145 TOT	_		OR	+290=		
										OR ,	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9:			OR	X\$18=		
	Independent	*	Minus	***		=	X43=			OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_		- 1			
* H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL ADDIT. FEE		
		ber Previously Paid					found in the	арр	ropriate box	in col	umn 1.	•	